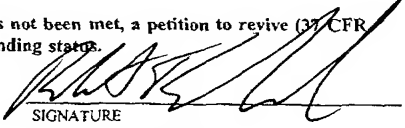


page 1 of 2

| | | | | | |
|---|--------------|-------------------------------|------------|--|--|
| U.S. APPLICATION NO. 10/010529 | | INTERNATIONAL APPLICATION NO. | | ATTORNEY'S DOCKET NUMBER | |
| 21. <input checked="" type="checkbox"/> The following fees are submitted: BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5)): Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO \$1040.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO \$890.00 International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO \$740.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) \$710.00 International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) \$100.00 ENTER APPROPRIATE BASIC FEE AMOUNT = | | | | CALCULATIONS PTO USE ONLY \$ 890 | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(c)). | | | | \$ | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | |
| Total claims | 27 - 20 = | 7 | x \$18.00 | \$ | 126 |
| Independent claims | 2 - 3 = | 0 | x \$84.00 | \$ | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | + \$280.00 | \$ | |
| TOTAL OF ABOVE CALCULATIONS = | | | | \$ | 1,016 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. | | | | \$ | |
| SUBTOTAL = | | | | \$ | 1,016 |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). | | | | \$ | |
| TOTAL NATIONAL FEE = | | | | \$ | 1,016 |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + | | | | \$ | 40 |
| TOTAL FEES ENCLOSED = | | | | \$ | 1,056 |
| | | | | Amount to be refunded: | \$ |
| | | | | charged: | \$ |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,056</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>50-0305</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status. | | | | | |
| SEND ALL CORRESPONDENCE TO Robert J. Schneider Chapman and Cutler 111 West Monroe Street Chicago, Illinois 60603 (312) 845-3919 | | | | | |
| | | | | SIGNATURE |  |
| | | | | NAME | Robert J. Schneider |
| | | | | REGISTRATION NUMBER | 27,383 |